



Creative Support Solutions Ltd
Elizabeth House, 28 Baddow Road, Chelmsford, CM2 0DG



(R1)

Creative Support Solutions Ltd

Referral Application Form

Please complete this form as fully as possible and return to: referrals@cssemail.org

All information provided on this form will be treated in the strictest confidence in full compliance with the Data Protection Act.

Applicant Details

Personal Details

Name	
Current Abode	
Date of Birth	
Gender	
Marital Status	
First Language	
Ethnicity	
Legal Status	
Care order	

Next of Kin

Name	
Relationship	
Address	
Telephone Number	
Email	



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Which Service is this Referral for:

Mental Health	
Domiciliary Care	
Mother and Baby	
16-18 years Floating Support Service	
16-18 years 24 Hour Shared Semi Independent Living	
16-18 years Bespoke, Solo 1:1 24 Hour Supported Living	
Post 18 Supported Living	

General Health

Is the applicant in general good health?	
Does the applicant have any recurrent or chronic illnesses?	
Does the applicant have any diagnosed or suspected Mental Health concerns?	
Details of any physical disabilities	
Details of mobility problems	



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Other Agencies Involved (If Applicable)

Consultant Full Name:	
GP Full Name	
GP Surgery	
Social Worker Full Name	
Community Mental Health Team	
Drug and Alcohol Team	
YOT	
Probation	
Other Agency Information	

Risks

Are there any risks in the following areas? Please provide details of any concerns, convictions or court orders.

Children	
Public	
Staff	
Property	
Self-Harm	
Suicidal Behaviour	
Exploitation by others	



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Exploitation of others	
Radicalisation	
Gang Affiliation	
Violent/Aggressive Behaviour	
Substance Abuse	
Forensic History	
Arson	
Other	

Background Information

Please give any background information:

Other Comments

Please enter any other comments/questions regarding this referral:



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For monitoring purposes only, please tell us a little more about your applicant:

*** Please select the option which best describes the applicant's ethnic origin:**

<p>Asian or Asian British</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Any other Asian background</p> <p>Black or Black British</p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> Any other Black background</p>	<p>Mixed</p> <p><input type="checkbox"/> White & Asian</p> <p><input type="checkbox"/> White & Black African</p> <p><input type="checkbox"/> White & Black Caribbean</p> <p><input type="checkbox"/> Any other mixed background</p> <p>White</p> <p><input type="checkbox"/> British</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Any other White background</p>	<p>Other Ethnic Group</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Any other ethnic group</p>
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*** Please select the option which best describes the applicant's sexuality**

<p><input type="checkbox"/> Lesbian</p> <p><input type="checkbox"/> Gay</p> <p><input type="checkbox"/> Bisexual</p>	<p><input type="checkbox"/> Heterosexual</p> <p><input type="checkbox"/> Unknown</p>
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*** Please indicate the applicant's religion or belief:**

<p><input type="checkbox"/> Atheism</p> <p><input type="checkbox"/> Buddhism</p> <p><input type="checkbox"/> Christianity</p> <p><input type="checkbox"/> Islam</p>	<p><input type="checkbox"/> Jainism</p> <p><input type="checkbox"/> Sikhism</p> <p><input type="checkbox"/> Other</p>	<p><input type="checkbox"/> Hinduism</p> <p><input type="checkbox"/> Judaism</p> <p><input type="checkbox"/> Unknown</p>
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Referral Details

Referral made by:

Name:	
Job Title:	
Organisation:	
Telephone Number:	

Funding Authority:

Contact Name:	
Telephone Number:	

Thanks you for completing these questions. All information received by Creative Support Solutions Ltd is treated in complete confidence and in full compliance with the Data Protection Act.

Further information is required as listed to complete the referral process.